

Department of State

Pt. 62, App. E

\_\_\_\_\_  
 \_\_\_\_\_  
*(Citizenship is required for all Responsible and Alternate Responsible Officers—See Reverse)*

6. ( ) Send \_\_\_\_\_ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. ( ) Send \_\_\_\_\_ copies of this form.

8. ( ) Send \_\_\_\_\_ copies of *Codes for Educational and Cultural Exchange*.

9. ( ) Cancel the above named Exchange Visitor Program.

\_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of Responsible or Alternate Responsible Officer)

\_\_\_\_\_  
 \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 \_\_\_\_\_  
 (Title of Signing Officer)

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. \_\_\_\_\_ Reporting Period \_\_\_\_\_ Provide Range of Forms IAP-66 Documents Covered by this Report (\_\_\_\_ - \_\_\_\_).

(A) STATISTICAL REPORT  
 (1) ACTIVITY BY CATEGORY

	Number
Professor .....	_____
Research Scholar .....	_____
Short-term Scholar .....	_____
Trainee .....	_____
Student (College and University) .....	_____
Student (Practical Trainee) .....	_____
Teacher .....	_____
Student (Secondary) .....	_____
Specialists .....	_____
Physicians .....	_____
International Visitors .....	_____
Government Visitors .....	_____
Camp Counselors .....	_____
Total .....	_____

- (2) Forms IAP-66 Reconciliation
- (i) Number of Forms IAP-66 voided or otherwise not used by participant \_\_\_\_\_.
- (ii) Number of Forms IAP-66 issued for dependents \_\_\_\_\_.
- (iii) Number of Forms IAP-66 currently on hand \_\_\_\_\_.

(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, dif-

ficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 \_\_\_\_\_  
 Responsible Officer (signed)  
 Date

\_\_\_\_\_  
 \_\_\_\_\_  
 Name and address of sponsoring institution

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be “unskilled occupations”:

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers
- (8) Cashiers
- (9) Charworkers and Cleaners
- (10) Chauffeurs and Taxicab Drivers
- (11) Cleaners, Hotel and Motel
- (12) Clerks, General
- (13) Clerks, Hotel
- (14) Clerks and Checkers, Grocery Stores
- (15) Clerk Typist
- (16) Cooks, Short Order
- (17) Counter and Fountain Workers
- (18) Dining Room Attendants
- (19) Electric Truck Operators
- (20) Elevator Operators
- (21) Floorworkers
- (22) Groundskeepers
- (23) Guards
- (24) Helpers, any industry
- (25) Hotel Cleaners
- (26) Household Domestic Service Workers
- (27) Housekeepers
- (28) Janitors
- (29) Key Punch Operators
- (30) Kitchen Workers
- (31) Laborers, Common
- (32) Laborers, Farm
- (33) Laborers, Mine
- (34) Loopers and Toppers
- (35) Material Handlers
- (36) Nurses’ Aides and Orderlies
- (37) Packers, Markers, Bottlers and Related
- (38) Porters
- (39) Receptionists
- (40) Sailors and Deck Hands
- (41) Sales Clerks, General